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Date: May 8, 2006

To: Examiner Christopher D. Koharski
Fax No: 571-273-8300From: Michael E. Milz
Tel. No: 312-321-4200

Client No.: 10000

Re: Serial No. 10/802,555
Authorization to Act in a Representative CapacityNo. of Pages
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COVER MESSAGE:

Please see attached.

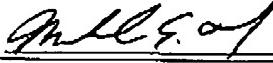
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CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, totaling three (3) pages including recited attachments, is being facsimile transmitted to Examiner Christopher D. Koharski at the United States Patent and Trademark Office at facsimile no.: 571-273-8300 on the below date:

Date: May 8, 2006

Name: Michael E. Mitz, Reg. No. 34,880

Signature: 

BRINKS
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& LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Vihar C. Surti

Appln. No.: 10/802,555

Filed: March 30, 2004

For: PEDIATRIC ATRESIAMAGNETS

Attorney Docket No: 10000-125

Examiner: Christopher D. Koharski

Art Unit: 3763

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Attached is/are:

- Authorization to Act in a Representative Capacity
 Return Receipt Postcard

Fee calculation:

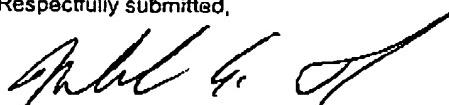
- No additional fee is required.
 Small Entity.
 An extension fee in an amount of \$ _____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
 A petition or processing fee in an amount of \$ _____ under 37 C.F.R. § 1.17(______).
 An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		Not a Small Entity	
					Rate	Add'l Fee	or	Rate
Total		Minus			x \$25=			x \$50=
Indep.		Minus			x 100=			x \$200=
First Presentation of Multiple Dep. Claim					+\$180=			+\$360=
					Total	\$	Total	\$0

Fee payment:

- A check in the amount of \$ _____ is enclosed.
 Please charge Deposit Account No. 23-1925 in the amount of \$ _____. A copy of this Transmittal is enclosed for this purpose.
 Payment by credit card in the amount of \$ _____ (Form PTO-2038 is attached).
 The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,



Michael E. Mitz (Reg. No. 34,880)

May 8, 2006

Date

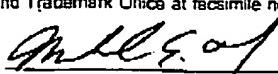
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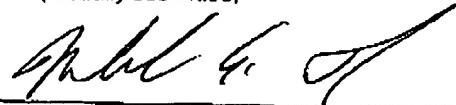
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Total		Minus			x \$25=		x \$50=	
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First Presentation of Multiple Dep. Claim					+\$180=		+\$360=	
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Respectfully submitted,



Michael E. Milz (Reg. No. 34,880)

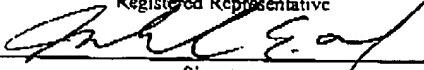
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 P.O. Box 1450
 Alexandria, VA 22313-1450

May 8, 2006

Date of Deposit

Michael E. Milz, Reg. No. 34,880Name of applicant, assignee or
Registered Representative

Signature

May 8, 2006

Date of Signature

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Attorney Docket No.: 10000-125
Client Reference: PA-5361-RFB

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In re Application of:)
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 Serial No. 10/802,555) Examiner: Christopher D. Koharski
 Filing Date: March 30, 2004) Group Art Unit No.: 3763
 For: PEDIATRIC ATRESIAMAGNETS)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

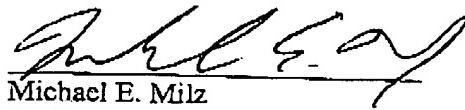
Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Examiner Koharski:

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Heidi A. Dare
 Registration No. 50,775

Respectfully submitted,



Michael E. Milz
 Registration No. 34,880
 Practitioner of Record

BRINKS HOFER
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 Chicago, IL 60611
 Telephone: 312-321-4200